

tion which looks to the protection of the patient as well as the county.

Changes are also indicated in the present restrictions against a beneficiary receiving aid in one calendar month from both the welfare program (O.A.S.) and the aid to the aged program (M.A.A.). Present restrictions do not allow consecutive assistance from both plans in one calendar month. Medically, the patient's needs cannot be served on a calendar basis, and regulations to place the needs of the patient first are indicated.

A fourth area of change appears in the handling of administrative funds where California Physicians' Service is the fiscal administrator of a county program. Under present regulations, funds which eventually go to C.P.S. are handled through the county government, a needless procedure which can result only in confusion and delay. C.P.S. has so well proved itself as a careful, prudent and accurate administrator of this and other governmental programs that it should be given assistance in the

prompt receipt of state and federal funds rather than having to wait while such funds go through the slow-moving machinery of another governmental unit.

These proposals for changes in the present law will bear watching during the 1963 session of the Legislature. Each must, of course, be documented adequately and for each an author must be found. On some there may be objections by state authorities, while others may well find acquiescence and co-operation.

The California Medical Association has firmly supported the concept under which the Kerr-Mills legislation went through the Congress. It has supported the Rattigan legislation to bring the state into its proper place in this program. It now supports amendments to the original law which will provide for a more adequate, more equitable and more easily administered program for the benefit of our older citizens.

Medical Education Loans

A FAR REACHING new medical education loan guarantee program is now under way in American medicine. The goal of this program is to help eliminate the financial barrier to medicine for all who are qualified and accepted by approved training institutions. It is designed to provide a means of financing a substantial portion of the cost of a medical education.

The loan program for medical students, interns and residents is the result of a cooperative effort by American medicine and private enterprise.

The program is administered by the American Medical Association's Education and Research Foundation. The E.R.F. has established a loan guarantee fund. On the basis of this fund, the bank will lend up to \$1,500 each year to students. The E.R.F. in

effect acts as co-signer. For each \$1 on deposit in the E.R.F.'s loan guarantee fund, the bank will lend \$12.50.

More than 3,300 students, interns and residents have borrowed more than \$6,000,000 through this fund since it was started last February. Physicians and others have contributed almost \$700,000 to the loan guarantee fund, which makes possible these loans.

The guarantee fund is almost depleted and more money is needed immediately to keep up the loan program. Eventually it will become self-sustaining as loans are repaid, but right now substantial financial help is needed. Your check to the A.M.A.-E.R.F., 535 North Dearborn St., Chicago, will help to keep this important program viable. Contributions to the Foundation are tax deductible.

YES ON 22

